

Jab and Gab Newsletter

Wyoming Department of Health—Immunization Section



Reminder Recall

by John Anderson, MA, Registry Program Coordinator

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Reminder Recall may be used to notify patients about upcoming or past due vaccinations. Only the patients you own will be included in the Reminder Recall results.

Each time the Reminder Recall is generated, a running total per patient is incremented by one unless you check the box indicating, "Not to Increment the Recall Count."

When the "do not increment recall count," box is checked the user is free to experiment with different scenarios that may assist in efforts at reminding patients/parents of their next forecasted dose.

There are three main options in the WyIR to select: Patient Listing, Mailing Labels, and Postcards/Letters.

The Patient Listing section provides contact information to allow you to call the patient, if a phone number is provided in the record. To view this option, click on the select option next to the Patient Listing.

If the selection is made to send a letter or postcard, the message may be previewed by clicking on the Preview link; if a postcard is the choice for the notification method, click on the selected link by the Mailing Labels option. This allows one to preview the patient records for possible omissions in their demographic information, and allow updates to the information, if necessary. If the information has been changed, rerun the report with the same options selected previously, and print off the labels, print off the postcard, and send them on their way.

It is recommended that reminders be run monthly, following the submission of the required information to the Vaccine Program.

For additional directions on how to complete reminder recalls from the registry, that include screen shots with each step identified, please click on the Registry link at www.immunizewyoming.com. If you need assistance, please do not hesitate to contact the WyIR Help Desk at 1(800) 599-9754 or email help@john.anderson@health.wyo.gov



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Pregnancy & the Flu Shot

By Joanna Briggs, RN, Clinical Coordinator

Newborn babies whose mothers got a flu shot are less likely to get the flu or to be admitted to the hospital with a respiratory illness in the first six months of life. During most flu seasons, babies under six months tend to have fewer cases of flu-like illnesses than those who are 6 to 12 months old, most likely because they are protected by their mother's natural antibodies. In severe flu seasons such as the 2009 H1N1 flu pandemic, these youngest children who are too young to get the flu vaccine are more likely to be hospitalized and die from flu-related complications than older babies. Remember, immunization recommendations for flu are for all age groups from 6 months and older.

Pink Book Training Update:

NEW LOCATION—Cheyenne

Due to logistical challenges in Jackson Hole, the 'Epidemiology & Prevention of Vaccine-Preventable Diseases' on-site training, presented by CDC Subject Matter Experts, will be held at the **Little America Resort on July 19 and 20, 2011 in Cheyenne**. Save the Date - Plan Now to Attend!



Transferring Vaccine By Lola Wolfe, Advantage Visit Data Clerk

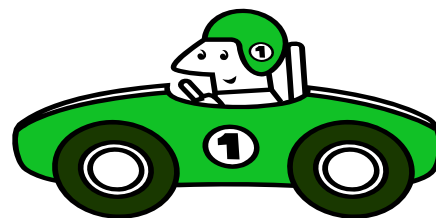
The Immunization Section tries to prevent situations where vaccine transfers need to occur, however there are times when vaccine transfers are still needed. To ensure proper vaccine transfers, here are some helpful hints for packing refrigerated vaccine:

- Obtain a box that is appropriate for shipping vaccine, i.e. cooler inside, measures approximately 12x9x11. Using a McKesson box is ideal.
- Place one freezer pack on the bottom of the cooler and then cold packs around all four sides of the shipping box.
- Place paper on top of the packs to ensure the vaccine does not come in direct contact with them.
- Put the vaccine plus the thermometer on top of the paper.
- Pull the paper over on top of the vaccine and place another freezer pack on top of the paper.
- If there is space between the freezer

pack and the top of the cooler, add more paper so the vaccine does not bounce around inside the box.

- If shipping via FedEx, tape the lid on the cooler so that the temperature will stay constant. If hand delivering, the lid does not need to be taped.
- Place a transfer sheet on the top of the cooler. If FedEx, tape the lid on the cooler so that the temperature will stay constant. If hand delivering, the lid does not need to be taped.
- Put the FedEx label on the top of the box and take the package to FedEx or call them to arrange for a pick-up.

Local, hand delivered transfers are preferred. **All FedEx shipments are sent to Memphis, TN** and then back to Wyoming to be delivered the next day. There are times when it is delayed due to weather or unforeseen circumstances. The viability of the vaccine is the highest priority, which is why local transfers are preferred.



The Immunization Section would like to welcome the following new and returning providers to the WYVIP program:

Welcome New Provider: Northeast Wyoming Boces in Gillette

Welcome New Provider: College Drive Urgent Care In Cheyenne

Welcome New Provider: Wamsutter Community Health Center in Wamsutter

Welcome New Provider: Dubois Medical Clinic in Dubois

Welcome Back: Health Care for the Homeless in Casper

Welcome Back: Wagon Circle Medical Clinic in Rawlins



Varicella and the New School Law By Joanna Briggs, RN, Clinical Coordinator

Why is Varicella being added to the Wyoming School Immunization Law?

The goal in having this as a standard vaccination is the reduction and eventual elimination of shingles in our society. For those who don't know, you can not get shingles without having chickenpox disease. According to a study published in CMAJ (Canadian Medical Association Journal) *"sleeping, enjoyment of life, general activities, mood, normal work and quality-of-life domains of pain/discomfort and usual activities were particularly diminished. This was consistently observed across all age groups."* The discomfort of shingles can persist for months after the acute phase, with 24% of people in the study developing pain (post herpetic neuralgia) after the rash healed. This risk

increases for older people. The researchers conclude that this study reinforces "the need for effective prevention strategies, such as vaccination, and additional early intervention to reduce the burden of herpes zoster and post herpetic neuralgia." Along those lines, if a child has chickenpox disease before 18 months of age, the likelihood of experiencing shingles after 50 increases to 80%. Wyoming and Idaho were the last states not requiring Varicella.



HPV Reminder...

HPV vaccine is available for Males and Females and can be discussed with patients during their adolescent visits.

TEMPERATURE REMINDER...

If/when a provider documents an **out of range temperature**, they must notify their appropriate clinical liaison immediately to help assess the viability of the vaccine.

- Public Health Offices, Hospitals, Hospital Based Clinics, and Federally Qualified Health Centers should Contact: **Diana Martin, RN: (307) 789-2665; Address: 75 Yellowcreek Road, Suite 103, Evanston, WY 82930**
- Private Providers & Rural Health Centers should Contact: **Joanna Briggs, RN: (307) 673-8930; Address: 2100 W. 5th St., Sheridan, WY 82801**

Do not administer any vaccine if your refrigerator is below 2 degrees Celsius or above 8 degrees Celsius and if your freezer is above -15 degrees Celsius. **You may end up having to re-call and re-vaccinate ANY babies/children/adults that were vaccinated with compromised vaccine.**



Vaccine Ordering

By Lisa Wordeman, BS, Vaccine Program Manager

The vaccine ordering process has undergone a lot of changes over the years; however the one piece that remains the same is the intent to ensure all communities have the vaccines they need to protect their children. To do this, the Immunization Section has a system in place to ensure vaccine orders are completed efficiently and accurately.

Every month, providers send in their temperature logs, a Vaccine Request Form, Doses Administered Report and a Lot Number Inventory by the second business day. If providers do not send their complete reports in on time, they will be deemed non-compliant and will not receive a vaccine order for the month. It is not easy telling a provider they will not receive an order; however the Vaccine Program has been holding firm to this deadline. LaChel May, Provider Relations Administrative Assistant, receives all of the reports and reviews them. If a report is incomplete, she contacts the provider and if there are out-of-range temperatures, LaChel forwards them to a Clinical Specialist for guidance.

Once a report is complete, it is then forwarded to the Vaccine Program. The

paperwork is reviewed and the doses administered and inventory data are entered. If the vaccine order that was requested is appropriate, the order is then entered into our CDC issued vaccine management program, called VACMAN.

“Every month, providers send in their: temperature logs, a Vaccine Request Form, Doses Administered Report and a Lot Number Inventory by the second business day of the month.”

It takes approximately a week to go through all of the reports and get all of the orders entered. The second Thursday of the month is the day that orders are officially transmitted to CDC for processing.

The orders are received overnight by CDC and they begin processing the next day. The direct ship orders (Varicella) are sent to Merck while the other orders are sent to McKesson, where they are filled. McKesson has ten shipping days (Monday through Wednesday) to get orders shipped. Thankfully, they generally fill them

quicker and by the following week, our providers have the vaccine they ordered in their offices.

Providers can see from this process the importance of having paperwork complete and accurate and how last minute changes on a vaccine order can be very disruptive to the process. We understand how difficult change can be and we strive to keep things as consistent as possible. Next year, when our VACMAN system is replaced by the new Vaccine Tracking System (VTrckS), the Vaccine Program will work to keep providers up to date on any changes and will strive to provide ongoing training. As always, our goal is for providers to have the vaccines they need and can maintain in a safe environment.



Transporting Varicella

By Joanna Briggs, RN, Clinical Coordinator

If providers are taking Varicella vaccine away from the clinic freezer, please follow these guidelines:

1. Providers transporting frozen vaccine need to have a large enough piece of dry ice (1/4 of the volume of the inside of the cooler) to take the temperature to at least -20° C.
2. Vaccine should be separated from the dry ice by a crumpled paper barrier (table paper is just fine).
3. Tape a digital thermometer (that has been kept overnight in the freezer with the vaccine) to outside of the box and then record temperatures on temp log hourly.
4. Try to take out only as many doses as you are sure to use, and open the cooler as infrequent as possible. Please remember to keep the diluents out of the cooler.
5. Public health providers should refer to their policy Wyoming Public Health Nursing Vaccine Ordering, Handling and Storage Policy outlines.
6. For other providers, refer to the Immunization website (www.immunizewyoming.com) under the Vaccines Link under the Cold Chain Storage and Handling link that outlines the transportation process in complete detail.

MENINGOCOCCAL UPDATE:

Since there are two meningococcal vaccines, the following identification is being adopted:

Vaccine	Menactra®	Menveo®
Manufacturer	Sanofi	Novartis
Age Range	2 to 55 Years	11 to 55 Years
Licensed	January, 2005	February, 2010
Identification	MenACWY	MenACWY-CRM



4-Day Grace Period By Joanna Briggs, RN, Clinical Coordinator

Providers can apply the 4-day grace period to any minimum ages or minimum intervals that are on Table 1 in the ACIP General Recommendations (the min age/min interval table, page A – 8 and A-9 updated online in April 2010). This rule can also be applied to Hep A #2. Just remember, CDC does not recommend scheduling appointments using the 4-day grace

period. It is only used with record review to evaluate the validity of doses already administered or if the schedule has to be accelerated for something like pending international travel. Some describe as “4 day wiggle room”.

Where providers would NOT want be able to apply the 4-day grace period is if a child needs MMR, LAIV and Varivax, and the vaccines are not given on the

same day. The minimum interval to wait before giving the 2nd live vaccine is 28 days. You should NEVER shorten this interval to less than the full 28 days.



Flu Vaccine Availability By Lisa Wordeman, Vaccine Program Manager

By now, the pediatric seasonal flu has arrived in providers' offices. Below is a helpful chart showing the presentations that are being provided by the WyVIP program.

Vaccine	Brand Name	TYPE	Manufacturer	Age Group
.25 PF Syringe	Fluzone®	TIV	Sanofi Pasteur	≥6 months
.50 PF Syringe	Fluarix®	TIV	GlaxosmithKline	≥3 years
	Afluria®	TIV	Merck/CSL	≥9 years☼
.50 PF Vials	Fluzone®	TIV	Sanofi Pasteur	≥6 months☺
.50 MDV	Fluzone®	TIV	Sanofi Pasteur	≥6 months
Nasal Mist	FluMist®	LAIV	MedImmune	2–49 years

Please Note:

☺ **Fluzone** products can be administered as young as **6 months old**. While the .50 preservative free vials can be given in a half dose, it is **not recommended** as it increases vaccine wastage. In the event no other options are available and a provider opts to give a half dose from the .50 preservative free vial, they need to complete a **Vaccine Spoiled and Wasted Report**.

☼ **Afluria** is only to be administered to children **9 years** and older.



Prophylactic Acetaminophen Not Recommended

On Oct. 17, 2009, The Lancet published a study that found that infants who received 3 doses of acetaminophen following immunization had reduced immune responses to certain vaccines. Should we stop recommending acetaminophen for fever or discomfort after infant immunization?

Evidence from this study discourages the prophylactic use of paracetamol (acetaminophen) prior to or immediately following vaccination. **Acetaminophen can be used to treat pain or fever if it should occur following vaccination.** In the upcoming 2010 *General Recommendations on Immunization*, CDC

will remove all recommendations for prophylactic use of acetaminophen or other analgesics **BEFORE** or **AT THE TIME OF** vaccination. The AAP has already removed such recommendations from the *Red Book*.



Pre-Filling Vaccine Syringes

Question: Is it okay to draw up vaccine into syringes at the beginning of the day? If it isn't, how much in advance can this be done?

CDC discourages the practice of pre-filling vaccine into syringes for several reasons, including:

- Increased possibility of administration and dosing errors,
- Increased risk of inappropriate storage,
- Probability of bacterial contamination since the syringe will not contain a bacteriostatic agent, and
- Probability of reducing the vaccine's potency over time because of its interaction with the plastic syringe

components.

- Pre-filling vaccine into syringes also violates basic medication administration guidelines, which state that an individual should administer only those medications he or she has prepared and drawn up.

Although the pre-drawing of vaccine is discouraged, a limited amount of vaccine may be pre-drawn in a mass-immunization clinic setting under the following conditions:

- Only a single type of vaccine (e.g., influenza) is administered at the mass-immunization clinic setting,
- Vaccine is not drawn up in advance of

its arrival at the mass-vaccination clinic site,

- these pre-drawn syringes are stored at temperatures appropriate for the vaccine they hold,
- no more than 1 vial or 10 doses (whichever is greater) is drawn into syringes, and
- clinic staff monitor patient flow carefully and avoid drawing up unnecessary doses or delaying administration of pre-drawn doses.

At the end of the clinic day, any remaining vaccine in syringes prefilled by staff should be discarded.

Taken From: Ask the Experts

– August 2010



National Immunization Survey Results are In! By Jan Bloom, MS, Immunization Section Chief

The results of 2010 National Immunization Survey (NIS), which reports immunization rates among children aged 19 to 35 months old, were released in September 2010. According to the 2010 NIS results, Wyoming has been identified as one of the “most improved” states for the 4:3:1:0:3:1:4*** series, which reflects the exclusion of the *Haemophilus influenza type B* (Hib) vaccine series, compared to the data reported in the 2009 NIS. The national immunization coverage level for this series

in the 2010 NIS is 70.5±1.2, compared to the Wyoming immunization rate of 69.6±6.5. More information about the NIS can be accessed at <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis>.

The children that were included in the results of the 2010 NIS were born between January 2006 and July 2008. This time-frame coincides with the implementation of the Wyoming Childhood Immunization Act, which led to the establishment of Wyoming as a Universal

Vaccine Purchase state in late 2006.

Thank you to all of the WyVIP providers for ensuring that their patients are protected against vaccine-preventable diseases!

***4:3:1:0:3:1:4 series includes: 4 or more doses of DTaP/DTP/DT vaccine; 3 or more doses of poliovirus vaccine; 1 or more doses of MMR vaccine; 0 doses of Hib vaccine (Hib doses excluded due to shortage that existed between 2007-2009; 3 or more doses of hepatitis B vaccine; 1 or more doses of Varicella vaccine; 4 or more doses of pneumococcal conjugate vaccine (PCV)

Immunization Catch-Up Schedule Ages 4 Months Through 59 Months

After a year of looking at herd immunity, it was determined there are no break through cases of HIB nationwide. We are again using the standard catch-up

Immunization Catch-Up Schedule Ages 4 Months Through 59 Months					
***Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 Weeks	8 Weeks (and at least 16 weeks after first dose)		
Rotavirus	6 Weeks	4 Weeks	4 Weeks		
Diphtheria, Tetanus, Pertussis	6 Weeks	4 Weeks	4 Weeks	6 Months	6 Months
<i>Haemophilus influenza type b</i>	6 Weeks	4 Weeks if first dose administered at younger than age 12 months 8 Weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at age 15 months or older	4 Weeks if current age is younger than 12 months 8 Weeks (as final dose) if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 Weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal	6 Weeks	4 Weeks if first dose is administered at younger than age 12 months 8 Weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 Weeks if current age is younger than 12 months 8 Weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 Weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus	6 Weeks	4 Weeks	4 Weeks	6 Months	
Measles, Mumps, Rubella	12 Months	4 Weeks			
Varicella	12 Months	3 Months			
Hepatitis A	12 Months	6 Months			

***Please refer to the Pink Book for the footnotes for each vaccine

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"The registry has been a god-send for us. We took the time when it all began and added all of our patients and since then the majority of the communities in the state have also. With a chicken pox epidemic it has been so nice to be able to accommodate people every day to see if their child has had the chicken pox. It has just been at the click of the finger. The time it has saved not having to pull the chart and being able to help people that don't know for sure without really disrupting the flow of the day. Also we have been able to improve our numbers in immunizations because of the summary that is printed off every day with the patient that is coming in for a well child visit."

RaDona Borgialli, Office Manager, ABC Pediatrics in Gillette, WY

We are on the Web:
www.immunizewyoming.com

The immunization website under the **Clinical Services** link now has web trainings available for:

- HPV Gardasil®, Cervarix® and Males
- Menveo® Clinical Trainer
- 2010-2011 Influenza Clinical Trainer



**OCTOBER IS
BATTERY
MONTH!**

Don't Forget to
change your batteries in all of
your **thermometers** and **smoke/
CO² detectors!**

**Immunization Department Exhibits at the
Stand and Celebrate Conference**

The Wyoming Children's Action Alliance held their 10th annual Stand and Celebrate Conference on August 12-14, 2010 at the Casper Event Center. The conference is designed to provide educational opportunities for child care professionals and had close to 1,000 participants in attendance. Kathy Gaines and LaChel May (pictured below) represented the Immunization Section at the conference and provided educational materials to the child care professionals all around the state of Wyoming.



And the Winner Is...

Lori Bickford, RNC, BSN, MS, Public Health Manager in Weston County submitted the winning captions of Dr. Sherard in the August, 2010 Newsletter.

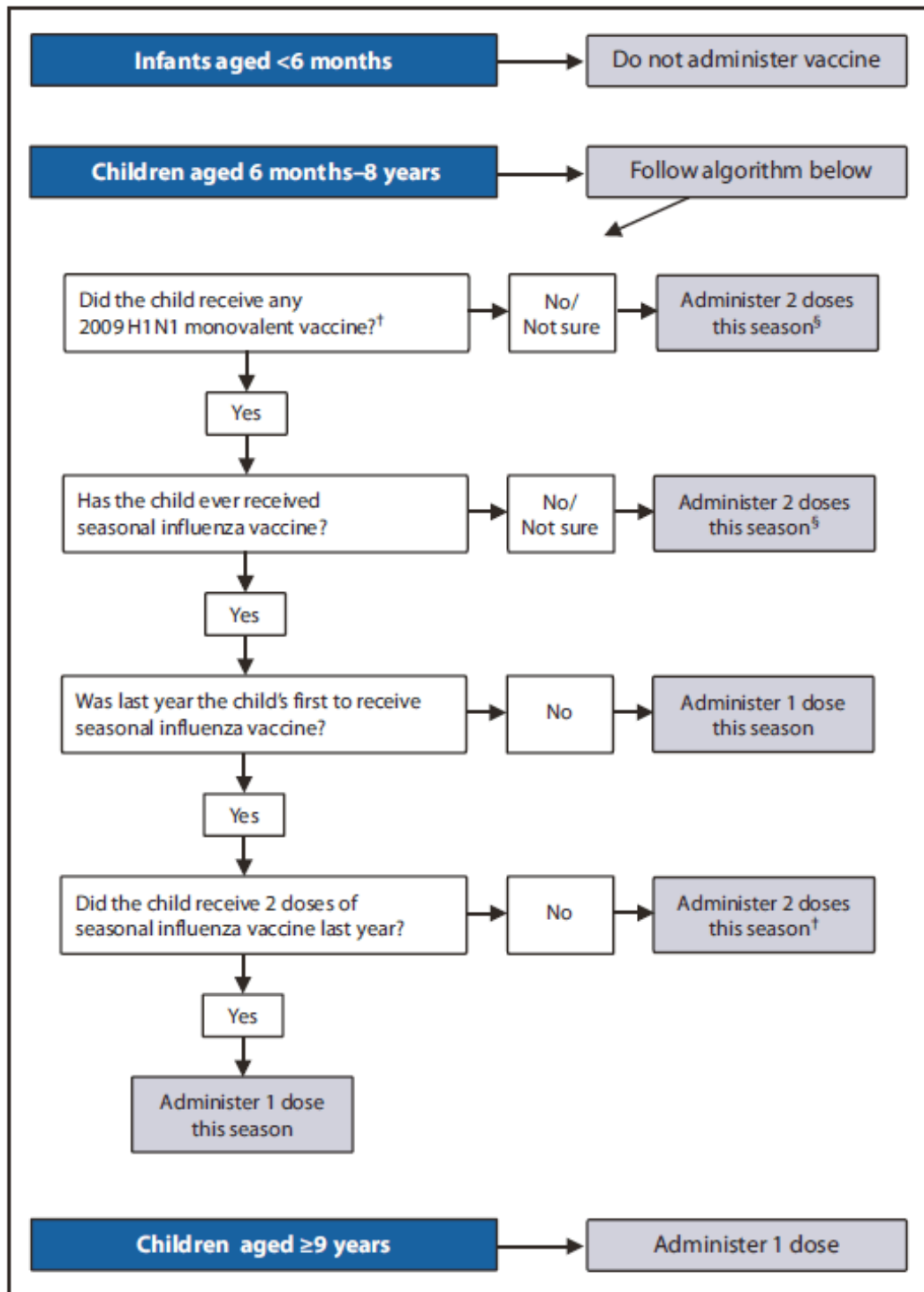
For her winning caption she
will receive a flu bug t-Shirt.



NEWSLETTER INSERTS:

- The 2010-2011 FLU Vaccine Algorithm on page 7 is a quick reference for WyVIP providers to post on refrigerators.
- The FLU Clinic Immunization Website Registration Form on Page 8 should be returned by providers who would like to have upcoming flu clinic information posted to the Immunization web-site. This form can also be downloaded on the 2010-2011 Flu Information Page on the Immunization web site.

Number of 2010--2011 seasonal influenza vaccine doses recommended for children



* Figure developed by CDC with the American Academy of Pediatrics, Committee on Infectious Diseases.

† Children who had a laboratory-confirmed 2009 pandemic H1N1 virus infection (e.g., reverse transcription--polymerase chain reaction or virus culture specific for 2009 pandemic influenza A(H1N1) virus) are likely to be immune to this virus. At provider discretion, these children can have a "Yes" entered at this box, and proceed down the path to the next box to determine whether two doses are indicated based on seasonal vaccine history. However, if no test result is available and no influenza A(H1N1) 2009 monovalent vaccine was administered, enter "no" here.

§ Interval between 2 doses is ≥ 4 weeks.

Alternate text: The figure shows an algorithm that health-care providers can use to determine whether to administer 1 or 2 doses of seasonal influenza vaccine to children aged 6 months-8 years.

Brent D. Sherard, M.D., M.P.H., F.A.C.P., Director and State Health Officer

Governor Dave Freudenthal

**2010-2011 FLU VACCINATION CLINIC REGISTRATION FORM**

To post your flu vaccination clinics or extended office hours on the Immunization Section web site (www.immunizewyoming.com), please complete and fax this form to 307-777-3615.

PROVIDER INFORMATION

Provider Name: _____

Address: _____ City/Town: _____

County: _____ Phone: _____

CLINIC INFORMATION

Clinic Date: _____ Clinic Time: _____ County: _____

Clinic Address: _____ City/Town: _____

Contact Name: _____ Contact Phone: _____

Additional Information: _____

CLINIC INFORMATION

Clinic Date: _____ Clinic Time: _____ County: _____

Clinic Address: _____ City/Town: _____

Contact Name: _____ Contact Phone: _____

Additional Information: _____